

Date: 19/01/21

Cost estimation NO: 40122-03

Patient Name: DARIA LVOVAPatient No.: 4493039The estimated cost of this evaluation\ treatment is: 30,761.92 USD as follows:

#	Description of services	Quantity	USD
1	Medical consultation	2.00	396.28
2	Ct, computed tomography	1.00	334.06
3	Surgery 4	1.00	15,479.88
4	Hourly rate	2.00	6,191.95
5	Inpatient hospitalization, per day, up to 3 days after surgery	3.00	3,072.45
6	Inpatient hospitalization, per day, for fourth day or longer	4.00	3,562.85
7	Blood and laboratory tests	1.00	619.20
8	Blood typing antigen screening for comp blood typing antigen screening for comper unit screened	1.00	213.62
9	Additional inpatient daycharge icu	1.00	891.64
Sum			30,761.92

** Based on cash exchange rate 3.23

The above mentioned medical evaluation and treatment, cost and length of stay are according to the best of our abilities. They do not cover unexpected medical complications, medications, devices and services purchased outside the hospital and any additional expenses, e.g., accommodation, extras, transportation, etc., neither for the patient and nor for the accompanying person. The Medical Center is entitled to change or not to perform the suggested medical treatment and this according to the actual medical condition of the patient at the time of arrival.

It is of paramount importance that all available original clinical, laboratory (especially pathological and hematological slides) and imaging data (X-rays, CT-scans, US-pictures) should be brought to us together with the patient.

The cost estimate above will be valid for 3 months.

In order to be registered and to open a medical file at the medical center please send us the following:

TEL AVIV SOURASKY MEDICAL CENTER

Affiliated to Tel Aviv University
Sackler School of Medicine

Tel Aviv Medical Center Research And Development
Fund And Health Services. Association No. 580007102
MEDICAL TOURISM



רפואה טובילה ואנושית
MEDICAL EXCELLENCE AND COMPASSIONATE CARE

1. Photocopy of your valid passport.
2. Signatures on this offer, returned by fax to: 972-3-6974594.
3. Official bank transfer request/ receipt for the advance payment to:

Bank Hapoalim, BeIt Asia

Weizman st. 4, Tel-Aviv, Israel

Bank Code:12

Branch No: 567

Account No: 130533

"Tel Aviv Medical Center Research And Development Fund And Health Services"

SWIFT code: poaliit

IBAN no: IL29-0125-6700-0000-0130-533

Please bring a credit card with you as a deposit regardless of the manner of payment
(payment in advance or by another financing source).

For any additional information or request, please do not hesitate to contact us.

Medical Tourism
Tel Aviv Medical Center
9, Weizman st, Tel Aviv 64239
ISRAEL

Sincerely,
SHIRLY SADEH
Medical Tourism

Patient's name

Signature

Date